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| **MMA-CPD REGISTRATION FORM**SCHOOL OF MEDICAL SCIENCESUNIVERSITI SAINS MALAYSIA | **D:\Siswazah Aizat\MMA-CPD\Logo\logo_USM_APEX_SOARING_1.png** |
|  |
| **PART A: DETAIL OF APPLICANT (Contact person in charge of the event organization)** |
| Name | : | Click or tap here to enter text. |
| Staff No. | : | Click or tap here to enter text. | Position | : | Click or tap here to enter text. |
| Dept./Unit | : | Click or tap here to enter text. | School | : | Click or tap here to enter text. |
| Email | : | Click or tap here to enter text. | Phone No. | : | Click or tap here to enter text. |
|  |
| **PART B: DETAILS OF CPD EVENT** |
| Insert Here | Event Flyer / USM Logo* allowed file types: .jpeg, .jpg, .gif, .png
* Size: 1500 x 500 px (3:1 Aspect Ratio)
 |
| Title | : | Click or tap here to enter text. |
| Location | : | Click or tap here to enter text. |
| Date Start | : | Click or tap to enter a date. | Date End | : | Click or tap to enter a date. |
| Time Start | : | Click or tap here to enter text. | Time End | : | Click or tap here to enter text. |
| Event Site | : | [ ]  Physical [ ]  Online [ ]  Hybrid (*please* ***choose ONE*** *and tick / )* |
| Target Audience  | : | Click or tap here to enter text. |
| Event Synopsis:*"Brief description based on the Event Title", "List of Topics", "Limited to how many Pax", "Website link"*Click or tap here to enter text. |

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| **PART C: DETAIL OF SPEAKERS** |
| Please email softcopy of Resume/CV for each Speaker(s)(allow file types: .pdf only)  |
| 1.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel
* allow file types: .jpeg, .png
 |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |
| 2. | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |
| 3.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |
| 4.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |
| 5.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |

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| 6.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |
| 7.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |
| 8.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |
| 9.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |
| 10.  | Speaker Name :Click or tap here to enter text. | Picture:* max. 2MB / 400x400 pixel

allow file types: .jpeg, .png |
|  | Speaker/Topic Synopsis: Click or tap here to enter text. |  |

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| **PART D: DETAIL OF SPONSOR OR CO-ORGANISER** *\*if any* |
| 1. | Name :Click or tap here to enter text. |
|  | Sponsor Image : (allow file types: .jpeg, .jpg, .gif, .png) |
|  | Link : Click or tap here to enter text. |
|  | Description :Click or tap here to enter text. |
| **PART E: NSR SPECIALIST CATEGORY** (can choose more than one and tick /) |
|[ ]  * Adolescent Medicine
 |[ ]  * Anaesthesiology And Critical Care
 |
|[ ]  * Arthroplasty
 |[ ]  * Breast And Endocrine Surgery
 |
|[ ]  * Cardiology
 |[ ]  * Cardiothoracic Surgery
 |
|[ ]  * Child And Adolescent Psychiatry
 |[ ]  * Clinical Genetics
 |
|[ ]  * Clinical Haematology
 |[ ]  * Clinical Oncology
 |
|[ ]  * Clinical Radiology
 |[ ]  * Communicable Disease
 |
|[ ]  * Colorectal Surgery
 |[ ]  * Developmental Paediatrics
 |
|[ ]  * Dermatology
 |[ ]  * Environmental Health
 |
|[ ]  * Endocrinology
 |[ ]  * Family Medicine
 |
|[ ]  * Family Health
 |[ ]  * Gastroenterology & Hepatology
 |
|[ ]  * Forensic Psychiatry
 |[ ]  * General Pathology
 |
|[ ]  * General Paediatrics
 |[ ]  * Geriatric Medicine
 |
|[ ]  * General Surgery
 |[ ]  * Gynae-Oncology
 |
|[ ]  * Haematology
 |[ ]  * Hepatobiliary Surgery
 |
|[ ]  * Health Management
 |[ ]  * Intensive Care (Medicine)
 |
|[ ]  * Infectious Diseases
 |[ ]  * Maternal Fetal Medicine
 |
|[ ]  * Internal Medicine
 |[ ]  * Military Medicine
 |
|[ ]  * Medical Oncology
 |[ ]  * Nephrology
 |
|[ ]  * Neonatology
 |[ ]  * Neurosurgery
 |
|[ ]  * Neurology
 |[ ]  * Obstetrics And Gynaecology (O & G)
 |
|[ ]  * Non-Communicable Disease
 |[ ]  * Ophthalmology
 |
|[ ]  * Occupational Health
 |[ ]  * Orthopaedic Surgery
 |
|[ ]  * Orthopaedic Oncology
 |[ ]  * Paediatric Cardiology
 |
|[ ]  * Otorhinolaryngology
 |[ ]  * Paediatric Endocrinology
 |
|[ ]  * Paediatric Dermatology
 |[ ]  * Paediatric Haematology & Oncology
 |
|[ ]  * Paediatric Gastroenterology
 |[ ]  * Paediatric Intensive Care
 |
|[ ]  * Paediatric Infectious Diseases
 |[ ]  * Paediatric Neurology
 |
|[ ]  * Paediatric Nephrology
 |[ ]  * Paediatric Respiratory Medicine
 |
|[ ]  * Paediatric Orthopaedics
 |[ ]  * Paediatric Surgery
 |
|[ ]  * Paediatric Rheumatology
 |[ ]  * Palliative Medicine
 |
|[ ]  * Paediatrics And Child Health
 |[ ]  * Psychiatry
 |
|[ ]  * Plastic Surgery
 |[ ]  * Radiation Oncology
 |
|[ ]  * Public Health Medicine
 |[ ]  * Respiratory Medicine
 |
|[ ]  * Rehabilitation Medicine
 |[ ]  * Sports Medicine
 |
|[ ]  * Rheumatology
 |[ ]  * Upper Git Surgery
 |
|[ ]  * Spine Surgery
 |[ ]  * Vascular Surgery
 |
|[ ]  * Thoracic Surgery
 |[ ]  * Urology
 |

**APPROVAL PROCESS FOR CPD ACTIVITIES**

1. Email to aizat@usm.my or siewling@usm.my

1. (USM) MMA-CPD Registration **Form**
* allow file types: .doc, .docs, .docx only
1. **Itinerary** Programme
* max. 5MB
* allow file types: .jpeg, .jpg, .doc, .docs, .docx, .pdf
1. **CV** Speakers
* max. 3MB
* allow file types: .doc, .docs, .docx, .pdf

Additional requirements:

1. Event Flyer \*if any
* allow file types: .jpeg, .pdf
1. Picture of Speaker \*if any
* max. 2MB / 400x400 pixel
* allow file types: .jpeg, .png

2. All applications should be submitted **not later than 40 days** before the date of the CPD event. All applications will be process within 3 working days. Late applications or postdated applications submitted after the event date shall not be processed

3. Once after the approval has been obtained, no amendments shall be made in title/ event site/ synopsis/ agenda/ target audience. Any amendments requested will be sent back for approval process 40 days prior to the event.

4. Incomplete/ inadequate information may delay the approval process.

5. For all activities, evidence of attendance verification is required.

6. Itinerary: Provider’s Logo must be indicated at the top of all documents/flyers/agenda. Pharma/ Sponsor Logo must only be indicated at the bottom of the documents/flyers/agenda. Only the Pharma / Sponsor logo on all documents/flyers/agenda without the Provider’s Logo is strictly NOT allowed.

7. Poster: Provider’s Logo must be indicated at the top of all documents/flyers/agenda. Pharma/ Sponsor Logo must only be indicated at the bottom of the documents/flyers/agenda. Only the Pharma / Sponsor logo on all documents/flyers/agenda without the Provider’s Logo is strictly NOT allowed.

8. Please DO NOT indicate the “number of CPD Points” OR “CPD points will be awarded” on documents/ flyers/ agenda before the CPD review.

​Thank you.